

PROJECT BRAVO:

Behavioral Health Redesign for Access, Value and Outcomes

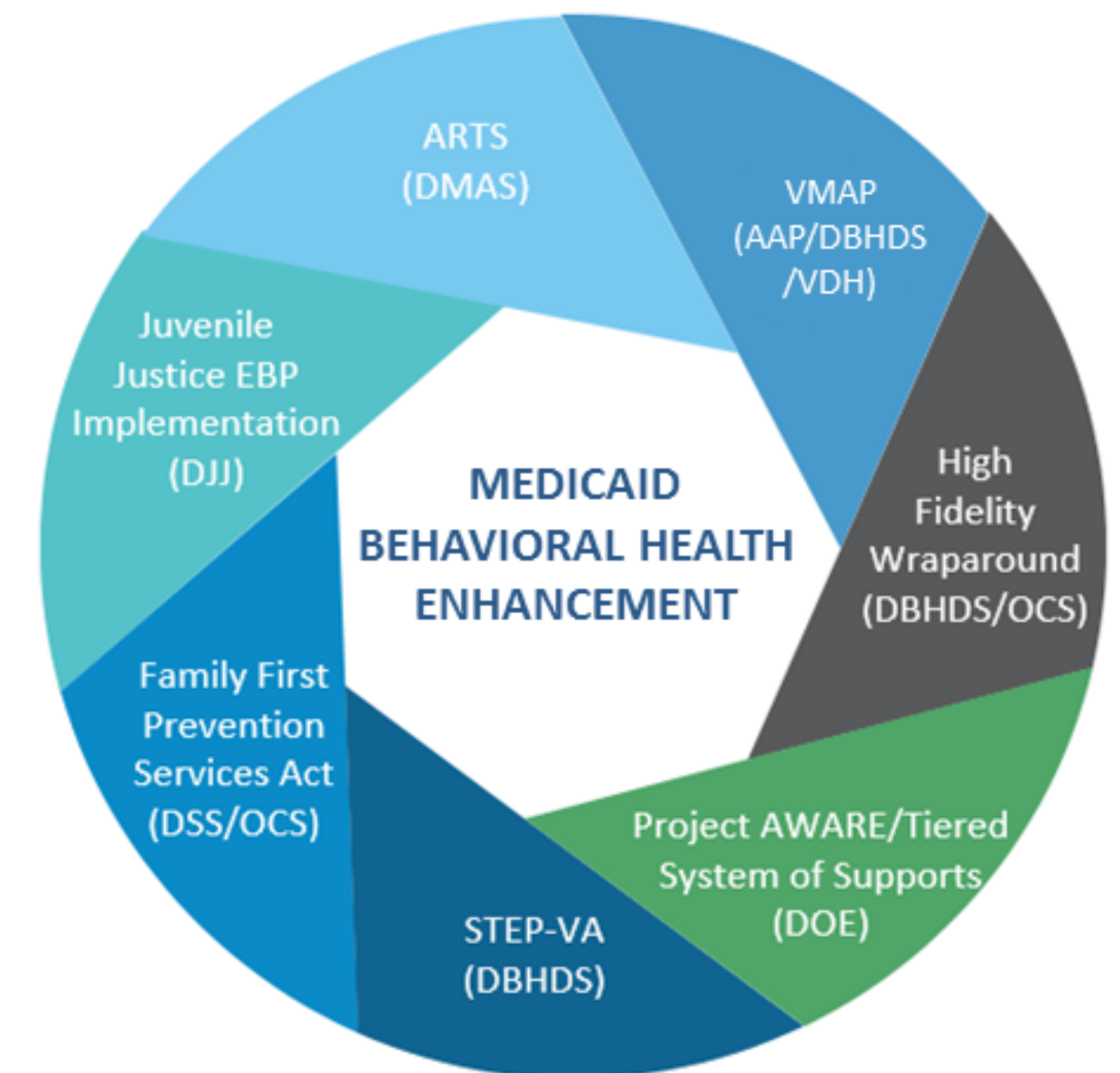
*Senate Finance and Appropriations Committee
September 14, 2022*





THE ROLE OF SERVICES REDESIGN IN SYSTEM TRANSFORMATION

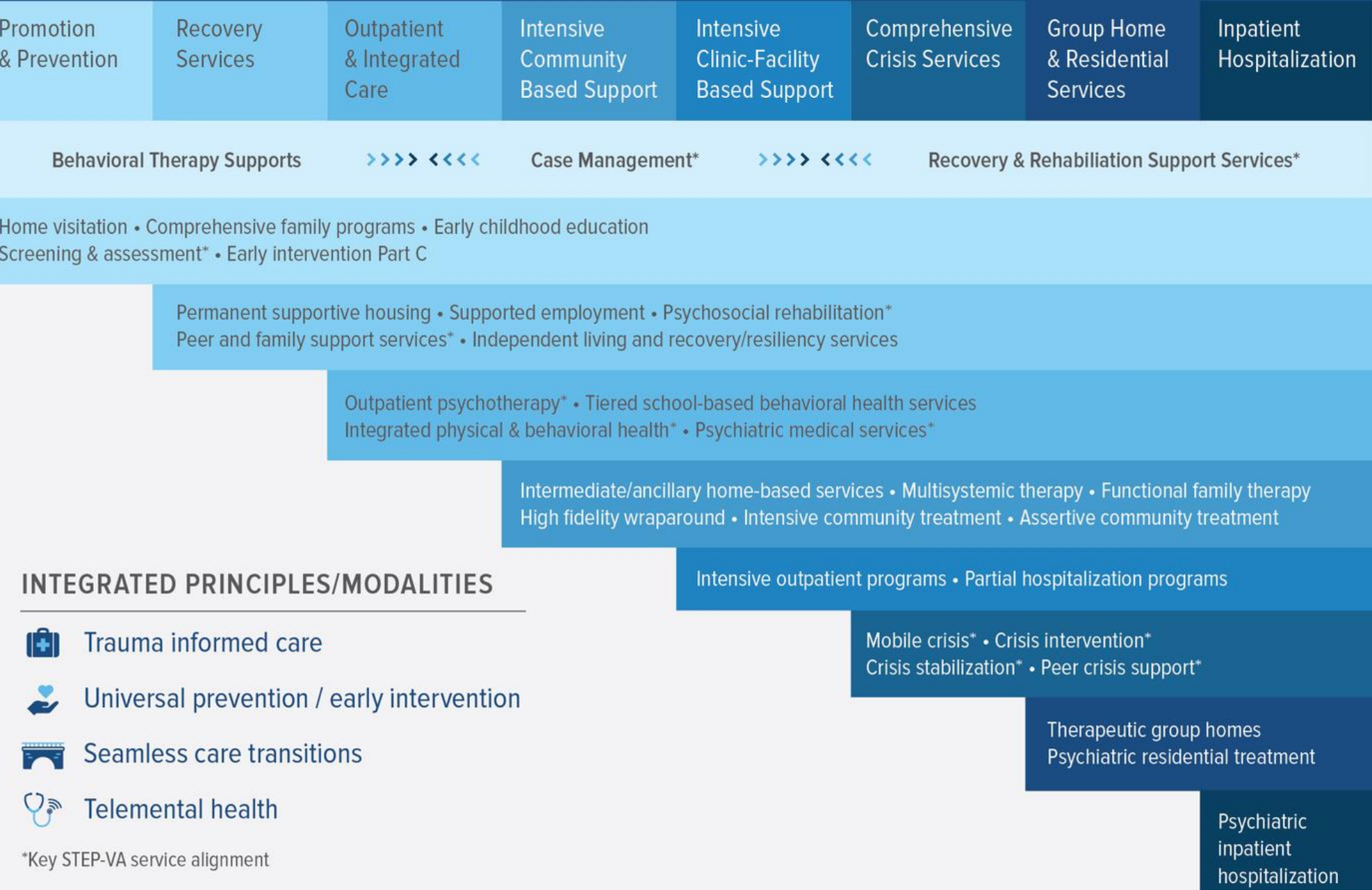
- BRAVO enhances the services within the Medicaid benefit, including definitions/requirements and rates
- Medicaid is the largest payor of behavioral health services in the Commonwealth
- Enhancing and aligning Medicaid services to include innovative services paid for with general funds allows the Commonwealth to maximize the federal contribution to cover payment of these services
- Assuring we have quality services in place is a critical part of the larger transformation of how the system functions as a whole



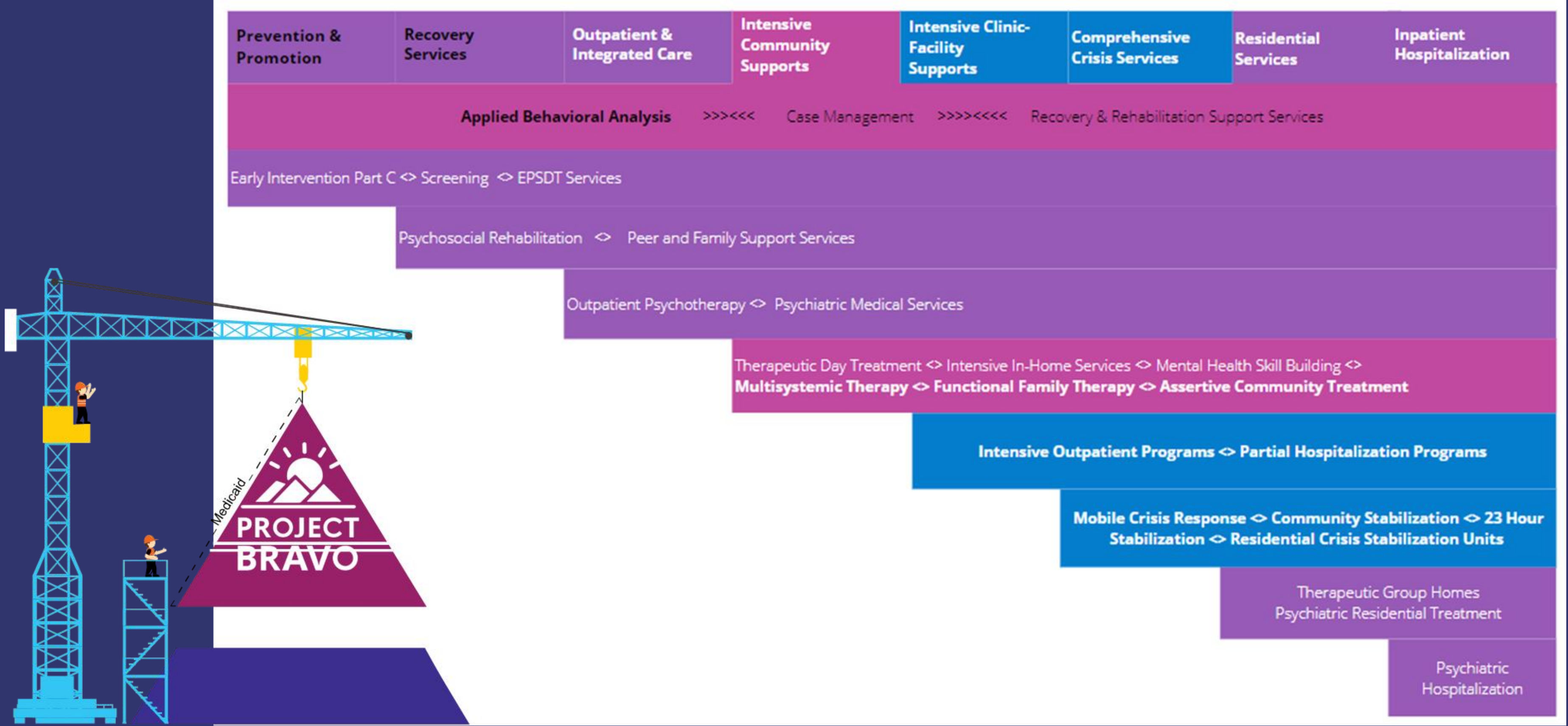
Current Medicaid-funded Behavioral Health Services



Continuum of Behavioral Health Services Across the Life Span



PROJECT BRAVO: UNDER CONSTRUCTION



DETAILS ON BRAVO SERVICES

7/1/2021

ASSERTIVE COMMUNITY TREATMENT (ACT)
INTENSIVE OUTPATIENT (IOP)
PARTIAL HOSPITALIZATION (PHP)

12/1/2021

COMPREHENSIVE CRISIS SERVICES
MULTISYSTEMIC THERAPY (MST)
FUNCTIONAL FAMILY THERAPY (FFT)



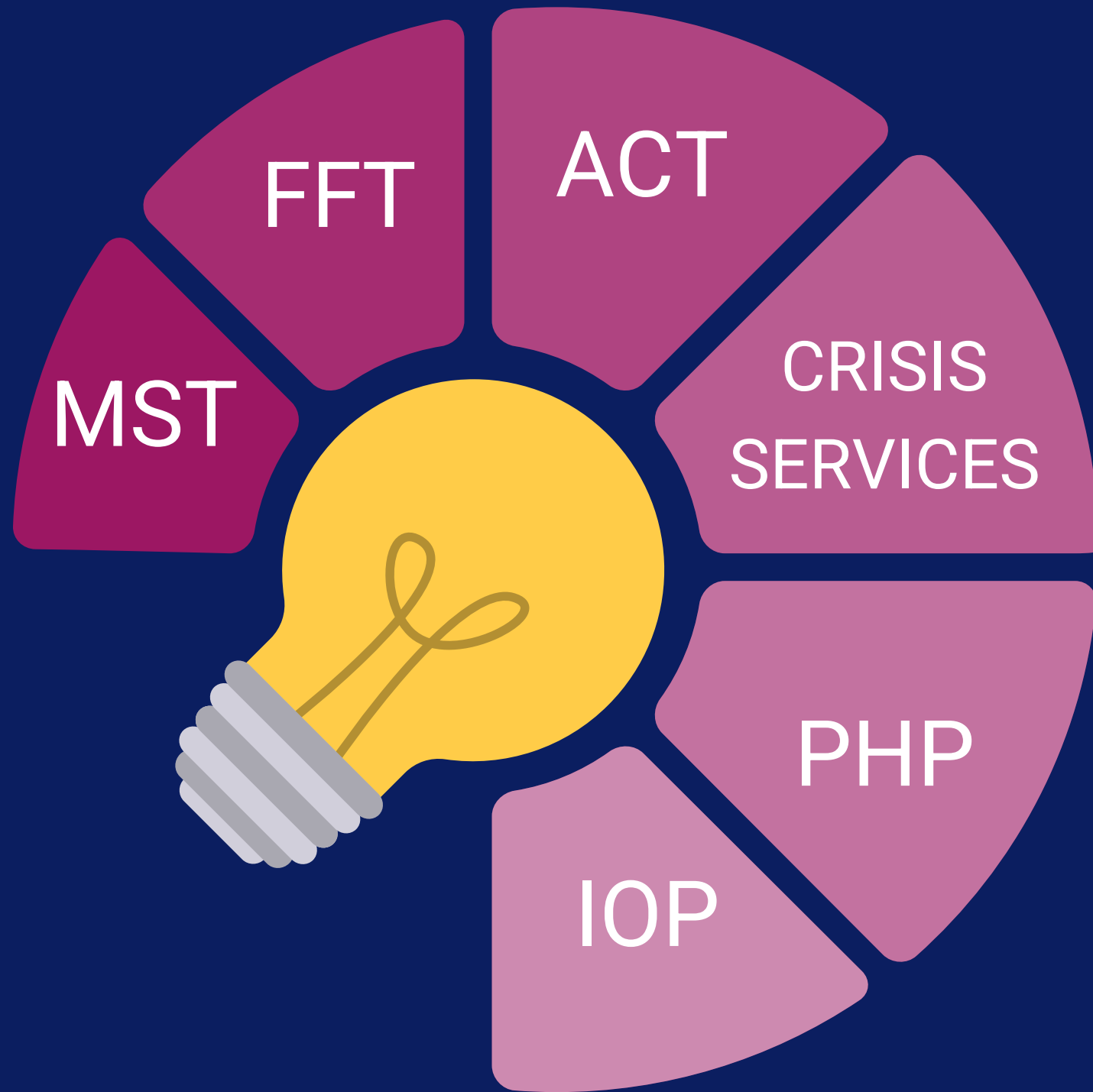
year 1 accomplishments

- Met implementation deadlines on time with Managed Care Organization (MCO) partners on timeline halved by pandemic delays in funding
- Maintained close partnerships with Behavioral Health associations and providers through MCO Resolutions Panel to identify authorization and claims issues and work on solutions
- Development of the Center for Evidence Based Partnerships with Virginia Commonwealth University
- DMAS BH Dashboards Launched

year 1 challenges

- Limited training dollars has hampered ability to prepare workforce for new services
- Workforce crisis has limited the expansion of services & networks
- Complexity of crisis system infrastructure and varied reimbursement necessary to meet needs of the full system of Commonwealth residents (Medicaid vs. Non-Insured vs. Privately Insured)

2021



WHAT COMES NEXT

01

Service learning
collaboratives

02

Build out of crisis system

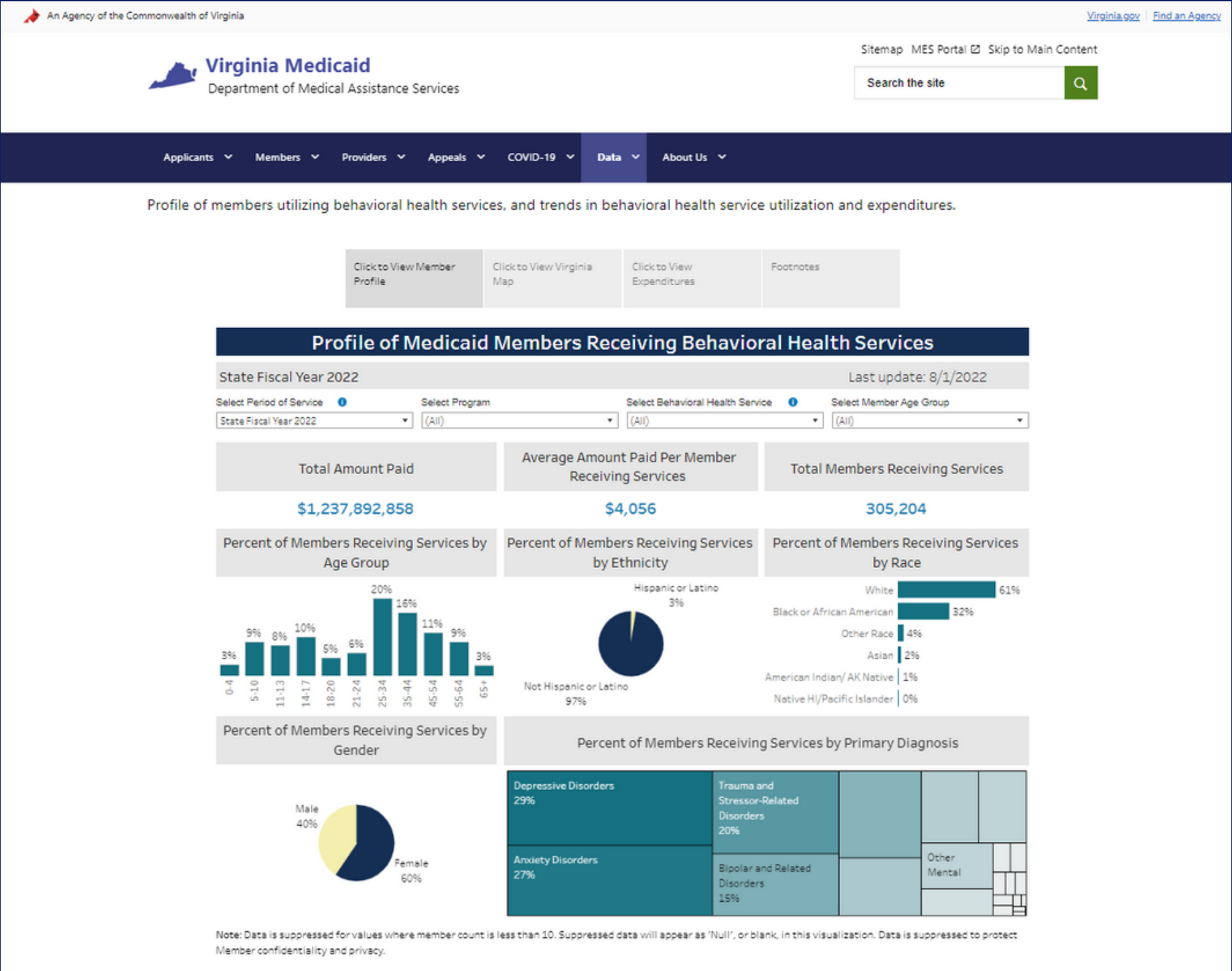
03

Build provider capacity for
current BRAVO services

04

Determine rates for remaining
proposed BRAVO services

BEHAVIORAL HEALTH DASHBOARDS



- Utilization data by State Fiscal Year, Program, Service and Member Age Filters
- A tool to begin hypothesis testing around behavioral health utilization; interpretation should be contextual
- Geographic "heat map" tool
- Overall expenditures trends
- 6-9 months of claims lag
- Substance Use Disorder diagnoses included here, but Addiction and Recovery Treatment services are not yet fully integrated

A UNIFIED VISION: THE COMMONWEALTH CRISIS SYSTEM:

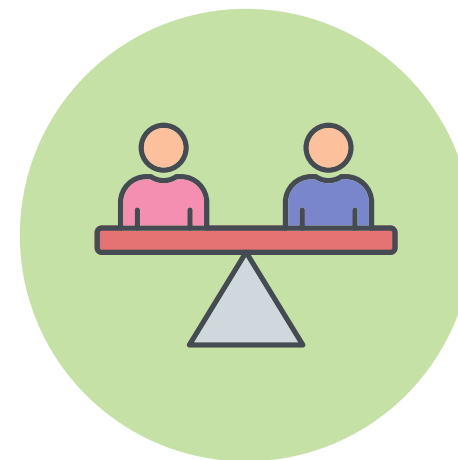
Objective: The development of a community-based, trauma-informed, recovery-oriented crisis system that responds to crises where they occur and prevents out-of-home placements.



**HIGH TECH
CRISIS
CALL CENTERS**



**24/7 MOBILE CRISIS
RESPONSE**



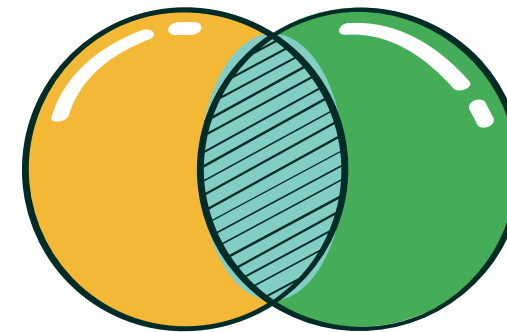
**CRISIS STABILIZATION
PROGRAMS**



**ESSENTIAL
PRINCIPLES
& PRACTICES**



INTER-AGENCY COLLABORATION



- Publish policy manuals on services
- Integrate into regulations & contracts
- Establish & Maintain rates
- Oversee MCO/Fee For Service system integration
- Utilization & Quality monitoring

- Develop & revise service definitions
- Stakeholder Engagement
- Implementation Monitoring
- Learning Collaboratives
- Overall Performance Management / Alignment
- Cross-agency data analysis and interpretation

- Integrate into regulations and performance contracts with Community Services Boards
- License Services
- Train Providers
- Call Center Management
- Data Platform Oversight

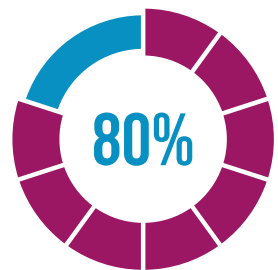


CRISIS CALL CENTER: “SOMEONE TO TALK TO”

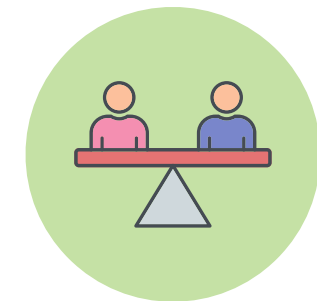
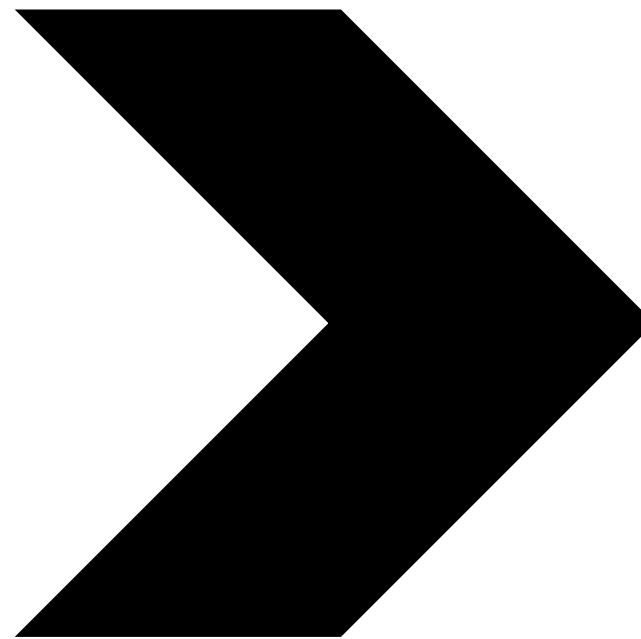


24/7 Staffing

*(Licensed Mental Health Providers, Qualified Mental
Health Providers,, Peers, Volunteers)*



of calls resolved on the phone



*Mobile Crisis Response, Crisis
Receiving Centers, Hospitals*



remaining are core referrals
to the other crisis services



MOBILE CRISIS RESPONSE

"Someone to Respond"

- Rapid response, assessment and early intervention to individuals experiencing crisis
- Provided 24/7
- Purpose:
 - Prevention of acute exacerbation of symptoms,
 - Prevention of harm to the individual or others,
 - Provision of quality intervention in the least restrictive setting,
 - Development of immediate plan of safety to help avoid higher level of care



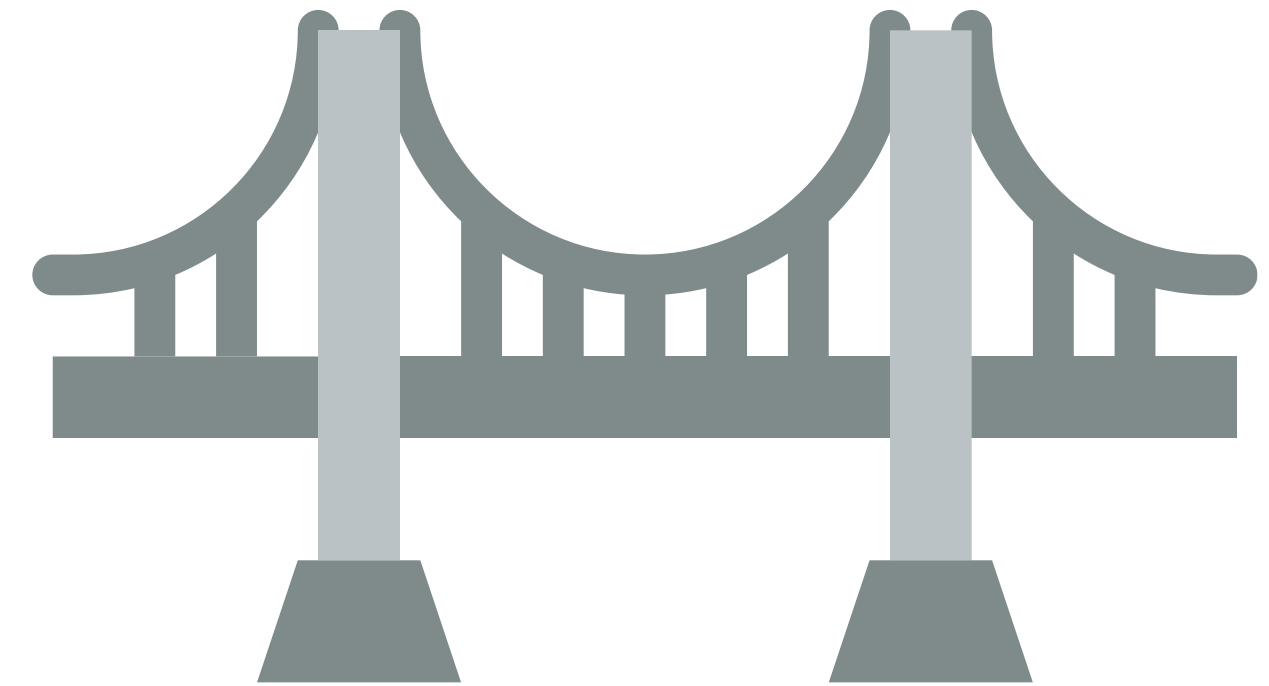


COMMUNITY STABILIZATION

"Bridge to community care"

The goal of Community Stabilization services is to stabilize the individual within their community and support the individual and/or support system during the periods

- between an initial Mobile Crisis Response and entry in to an established follow-up service at the appropriate level of care
- as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access or
- as a diversion to a higher level of care

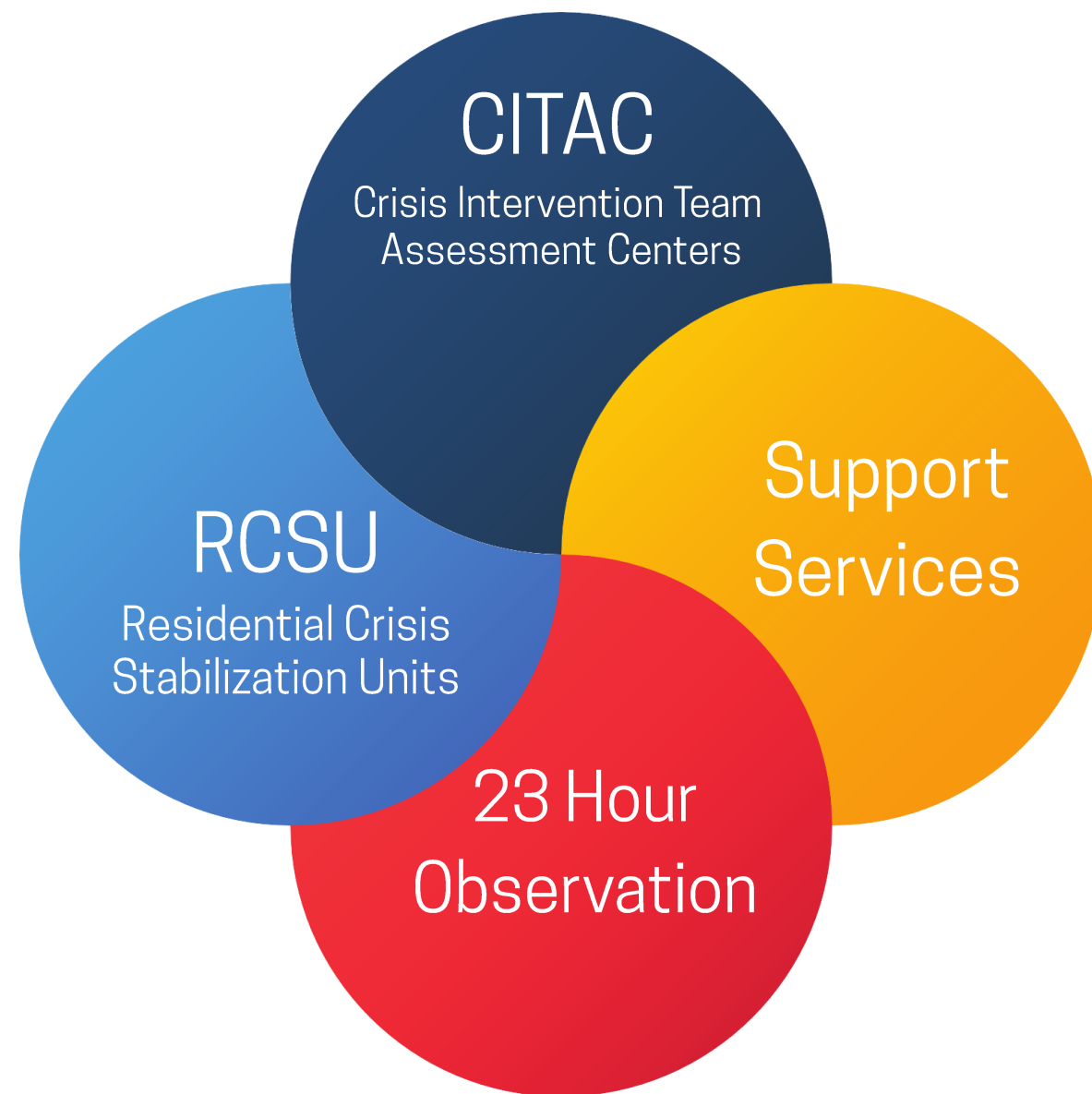


SHORT TERM
NATURAL ENVIRONMENT
REFERRAL AND LINKAGE
COORDINATION
ADVOCACY AND NETWORKING

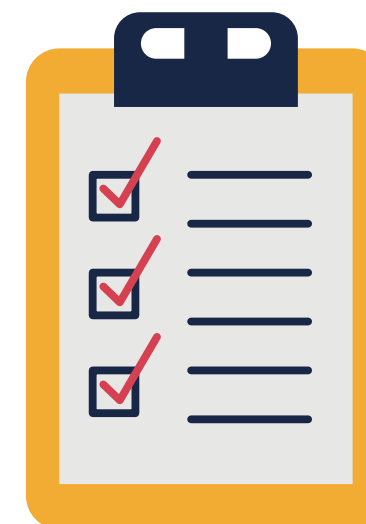


CRISIS RECEIVING CENTERS

"Somewhere To Go"



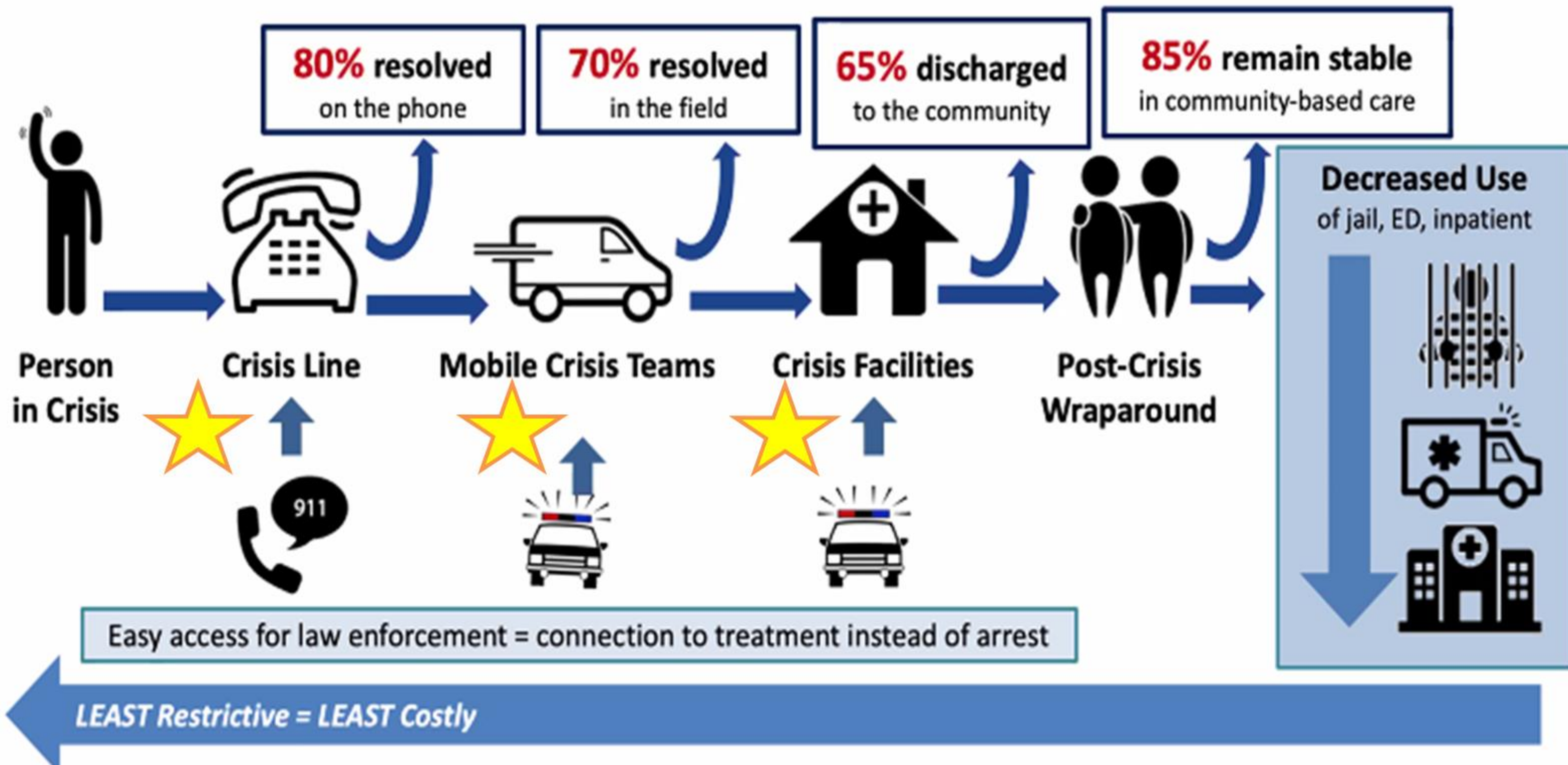
These centers may hold multiple services and act as "behavioral health urgent care" for individuals seeking crisis supports, or for law enforcement drop off for individuals they have in their custody



ASSESSMENT
PSYCHIATRIC EVALUATION
NURSING ASSESSMENT
CARE COORDINATION

CRISIS TRANSFORMATION

Crisis System: Alignment of services toward a common goal



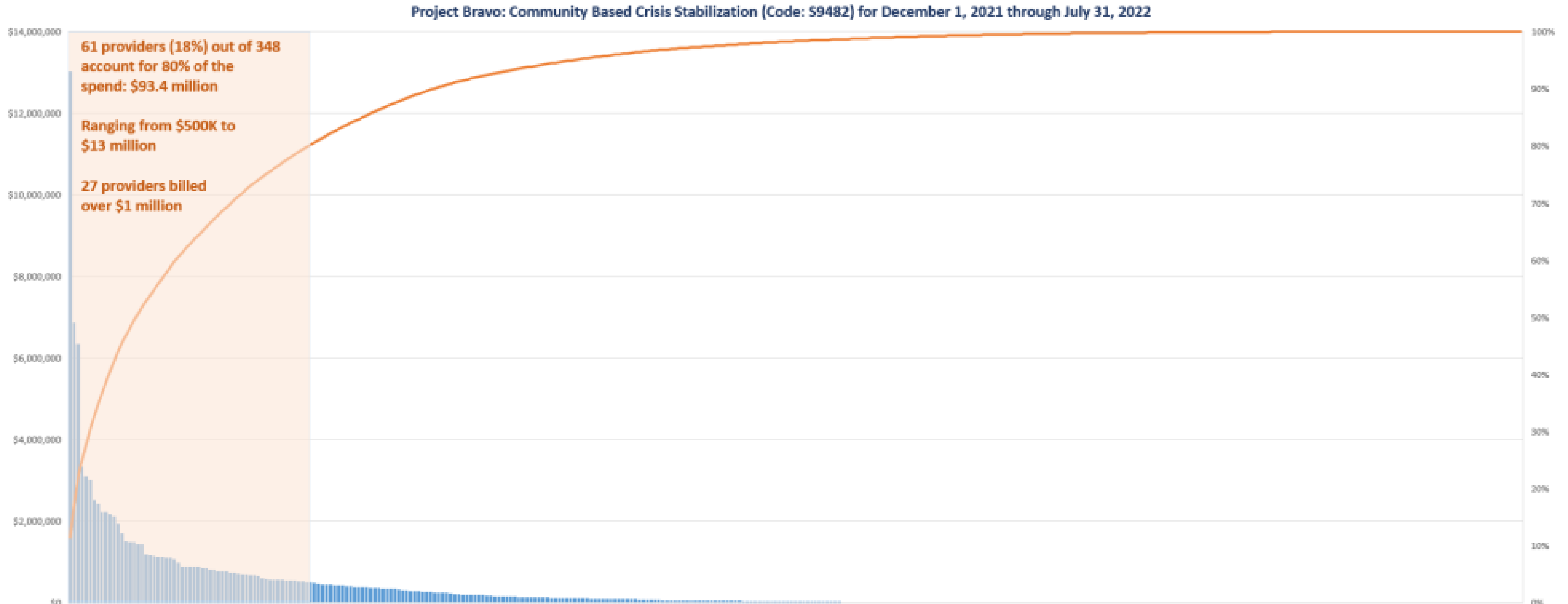


COMMUNITY STABILIZATION IMPLEMENTATION UPDATE

- Community stabilization utilization has been characterized by some unusual trends driven by a variety of potential factors
- 20% of providers accounting for 80% of cost
- Central Virginia area showing high and disproportionate density of providers and utilization with 4-5 providers driving that utilization
- This density of providers of community stabilization also places burden on Region 4 crisis hub in management of required Memorandum Of Understandings and system coordination
- Initial interpretations of increasing trend were discussed with stakeholders amidst concern for general behavioral health crisis needs and workforce concerns; at that time the full picture of claims data and the disparate density of utilization was not apparent



Project Bravo Summary



- 61 providers (18%) out of 348 providers account for 80% of the utilization dollars (\$93.4 million)
- Utilization by provider ranges from \$500k to \$13 mill
- 27 providers billed over \$1 million in 6 months time
- Vast majority of providers had utilization within reasonable range



COMMUNITY STABILIZATION IMPLEMENTATION UPDATE

- DMAS reviewed the encounter data and found that:
 - FY22: DMAS authorized \$12.5M CBCS capitation, MCOs spent \$88.5M
 - FY23: DMAS authorized \$21.2M CBCS capitation, MCOs spent \$28.9M
- DMAS estimates a decrease of \$16.1 million in general fund rebates from the MCOs based on FY22 performance that will be recognized in FY23.



COMMUNITY STABILIZATION IMPLEMENTATION UPDATE

- **Will these costs be reflected in future capitation rates? What is the MCO:FFS ratio?**
 - No. DMAS will direct Mercer to issue a credibility adjustment to the FY24 cap rates to reflect the program integrity issues for FY22 and FY23 experience. The expenditure split between the MCOs and FFS is \$116M to \$1M spent.
- **When was the cost overrun initially identified? Why did it take until now for us to hear about it?**
 - In mid-April, DMAS reviewed full claims information for the new Project BRAVO program. However, the full impact was not recognized at this time. This is an oversight that DMAS is addressing by deploying a “New Service Review” process to engage all members of the executive leadership team with sign-offs and tracking utilization. This process will also be used whenever DMAS identifies an unexpected change in utilization.



COMMUNITY STABILIZATION IMPLEMENTATION UPDATE

- **What has DMAS done to address this issue?**

- DMAS/MCOs implemented a service authorization requirement effective September 1, 2022. Each of the six MCOs will have additional criteria to use when reviewing requests that will allow greater scrutiny. All MCOs will report service authorization data each week.
- DMAS held a live training on the new policy manual on 8/29/22 that was attended by over 250 providers.
- DMAS will work with DBHDS on requirements and continued training for providers and licensing.
- DMAS/MCOs immediately auditing the service and making referrals to MFCU. This will likely result in financial retractions that will return the funds to the Commonwealth and the MCOs.

- **What will DMAS do going forward?**

- By the end of Q2FY23, DMAS will complete a review of all major service types to identify any other utilization anomalies (fluctuation analysis)
- DMAS is implementing a review process during any new service implementation to develop monitoring plans and thresholds for further analysis and intervention.

Behavioral Health Expenditures

Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy.

Select Program

(All)

Select Behavioral Health Service

(All)

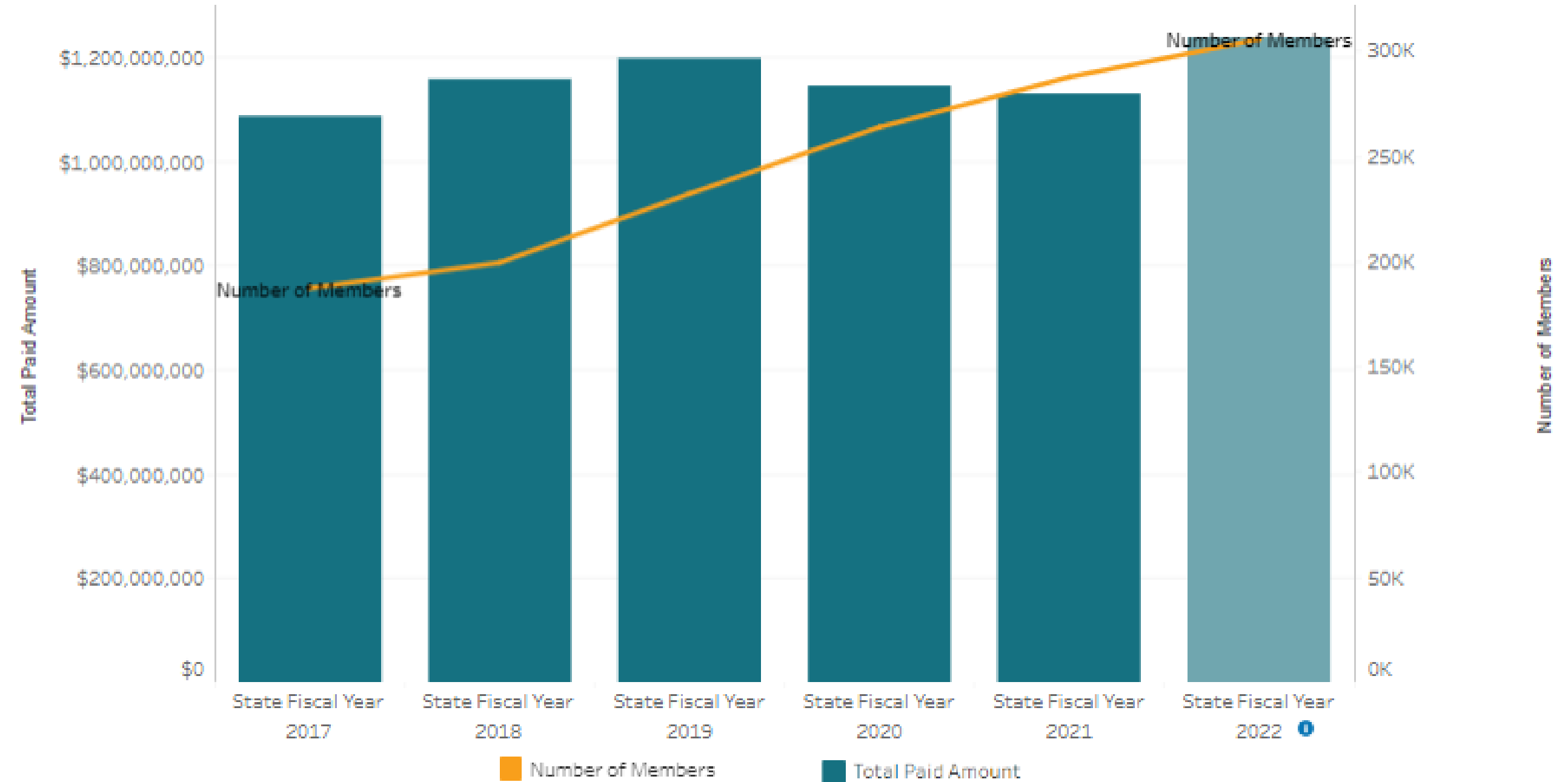
Select Diagnosis

(All)

Select Member Age Group

(All)

Yearly Trends in Member Count and Total Amount Paid



LESSONS LEARNED



- Routine, interagency communication is critical
- Interagency implementation dependencies are complex
 - Regional Call Center MOU process
 - Data Platform readiness
 - Managed Care Organization integration
- Close monitoring is absolutely necessary
 - Community stabilization utilization
- Data dashboards have inherent limitations but provide important transparency and insights
 - Behavioral Health dashboards are live
- Virginia is of great interest and inspiration to other states seeking to make this kind of significant change
- **Meaningful change for our BH system includes BOTH Medicaid services transformation & organizational/functional transformation for the full system**